



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/046,416 Confirmation No.: 3295
Applicant : Arthur R. Telkamp
Filing Date : 10/19/2001
Title : 1 X N OR N X 1 OPTICAL SWITCH HAVING A PLURALITY OF MOVABLE LIGHT GUIDING MICROSTRUCTURES
Group Art Unit : 2882
Examiner : Sung H. Pak
Docket No. : 16131.6 (formerly 703427.6)
Customer No. : 34313

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated <insert date>.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
	Fee	\$60.00

CERTIFICATE OF MAILING 37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: May 24, 2005

DOCSOC1:163340.1

Karen Johnson
Karen Johnson

Applicant : Arthur R. Telkamp
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If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 0.00

- A. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
 Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. Payment Enclosed
 Check Credit Card Money Order Other

Total Claims	100	-	109	=	0	x	\$50.00	\$0.00
Independent Claims	5	-	6	=	0	x	\$200.00	\$0.00
Application Size Fee <small>(\$250 for each additional 50 sheets or fraction thereof)</small>	37	-	100	=	0	x		\$0.00
Multiple Dependent Claims	\$360	(if applicable)						\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)						\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								\$0.00
<input type="checkbox"/>								
Extension of Time (from above)								\$60.00
Assignment -- \$40 (if applicable)		<input type="checkbox"/>						\$0.00
TOTAL FEES SUBMITTED HEREWITH								\$60.00

Respectfully submitted,

Dated: May 24, 2005

By: 
Mark Stirrat
Reg. No. 50,756

Orrick, Herrington & Sutcliffe LLP
4 Park Plaza, Suite 1600
Irvine, CA 92614-2558
Telephone: 949-567-6700
Facsimile: 949-567-6710
Customer Number: 34313